

ON THE ROAD

A Canadian Portrait of Overdose Prevention

Over the years, those involved in intervention have innovated and proposed solutions, but the overdose crisis continued to grow in Canada

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This exploratory research aimed to explore the situation, understand prevention efforts and acknowledge the experiences of people who have lived an overdose and those who intervene in this context.

METHODOLOGY

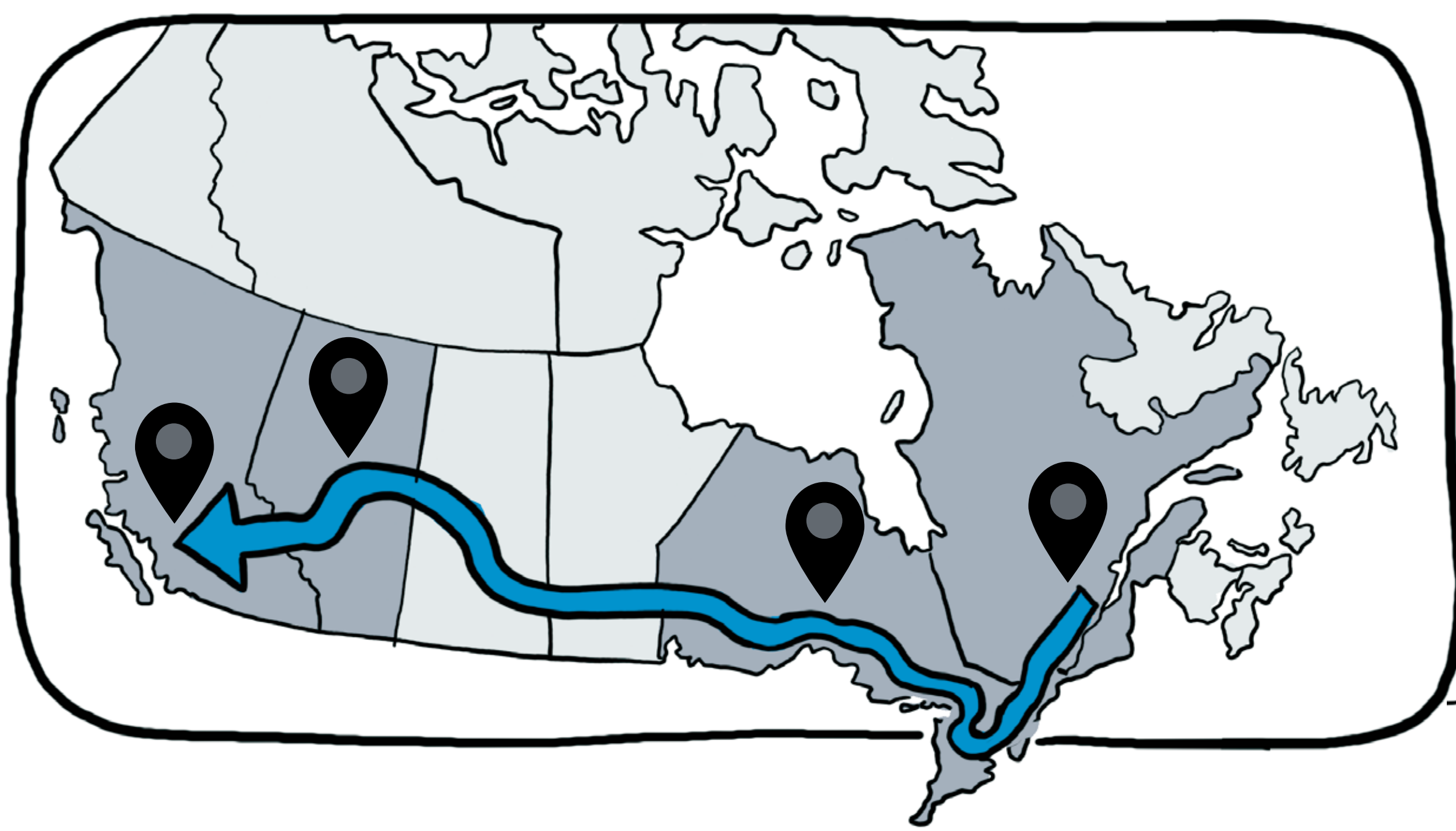
A qualitative, descriptive-interpretive research

DATA COLLECTION

2021-2022: 4 provinces, 11 cities
2024: Validation and restitution

METHODS

- logbook;
- periods of participant observation;
- semi-structured interviews (n=39 caregivers, 10 peer caregivers, 11 service users);
- thematic analysis.



RESULTS

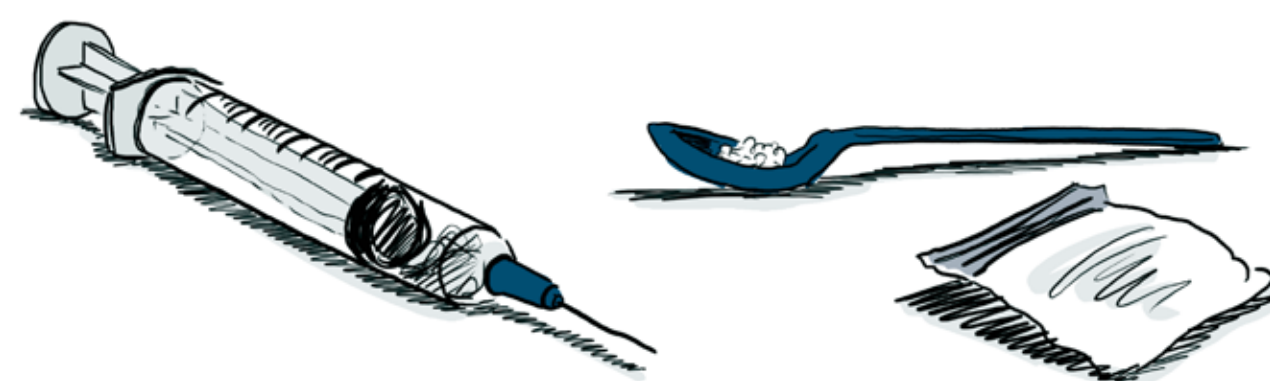
To analyze the data, we applied Nancy Fraser's (2011) theory:



We identified many elements hindering the ability to meet the needs of People who use drugs (PWUD):

- **Complexity of the problem:** increasingly dangerous mixtures of various substances, rising consumption of stimulants and inhalation when most services focus on opioids and injection, increased social isolation and difficult relations with law enforcement and emergency services
- **Difficulty accessing services and safe spaces:** to eat, sleep, wash, use substances
- **Innovations resting with those on the front line:** community workers and peers with limited access to resources
- **Grief and bereavement:** affects many communities and people, but support resources often being inadequate or inaccessible

Nonetheless, we identified several types of intervention that were implemented or transformed in response to the rise in overdoses:



ORGANIZATIONS

Several organizations have modified their activities or mission since 2016, initially focused on the prevention of STBBIs

- > Counselling, psychosocial support, active listening, education on overdose prevention, advocacy, legal support, referral to various services, peer support and intervention, workshops, distribution of harm reduction supplies, STBBI screening, vaccination,
- > Visits to camps to intervene in case of an overdose, distribution of equipment and Naloxone



COMMUNITY AND CROSS-SECTOR COLLABORATIONS

Cross-sector projects were identified as having significant potential for improving the living conditions of people at risk of overdose

- > Basic care services: showers, rest beds, food, etc.
- > Daily paid work: syringe collection, street and park cleaning, or other locations
- > Cross-sector services: presence of organizations from different sectors in the same location
- > Interdisciplinary and/or community clinics
- > Participation in round tables on mental health, homelessness, crisis, etc.
- > Project development, e.g. transitional and/or social housing
- > Representation to elected representatives

ACTIVISM

Activists and PWUD are very involved at all levels in the prevention of death by overdose

- > Activism, collective advocacy, representation
- > Safe supply-DULF

INNOVATIONS

Innovations targeting overdose prevention

- > Substance analysis: spectrometry, colorimetry and test strips
- > Fixed and/or mobile sites for injection or inhalation, occasional presence of nurses
- > Training for caregivers, users and family members on overdose prevention and the use of Naloxone (PROFAN project in Quebec)
- > Overdose response hotline
- > Referral and support for opioid agonist therapy (OAT) or other medical services

DISCUSSION

After analyzing results along an intervention continuum, from corrective to more radical solutions in terms of recognition and redistribution, we saw that community groups, activists and PWUD are at the heart of proposals for transformations, going beyond corrective and palliative measures. Structural reforms aimed at improving the recognition of PWUD and redistribution of resources are essential if interventions are to retain their innovative potential in the context of the overdose crisis, while being part of a longer-term goal of social transformation.

CONCLUSION

Although harm reduction has made progress in Canada over the past few decades, there are still many risks:

- Renewed push for criminalization of PWUD
- Strong interest of decision makers in addiction treatment, a way of invisibilizing some PWUD
- Precariousness or cuts in service funding
- Polarization in the face of various social issues



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